

Chapter 13 Plan

Case No.: _____

Debtor(s): _____ SS#: _____ Net Monthly Earnings: \$ _____
_____ SS#: _____ Number of Dependents: _____

I. Plan Payments:
() Debtor(s) proposes to pay a periodic payment of \$ _____ weekly biweekly semi-monthly monthly into the plan; or
() Payroll deduction order: To _____ for \$ _____ weekly biweekly semi-monthly monthly.
Length of plan is approximately _____ months, and the total debt to be paid through the plan is approximately \$ _____.

II. From the payments received, the trustee shall make disbursements pursuant to the Bankruptcy Code including:

A. PRIORITY CLAIMS (INCLUDING ADMINISTRATIVE EXPENSES AND SUPPORT) [See § 1322(a)(2)]

The following priority claims, if allowed, will be paid in full unless creditor agrees otherwise:

CREDITOR	TYPE OF PRIORITY	SCHEDULED AMOUNT	MONTHLY PAYMENT

B. Total Attorney Fee: \$ _____; \$ _____ paid pre-petition; \$ _____ to be paid at confirmation and \$ _____ per month.

C. The holder of each SECURED claim shall retain the lien securing such claim until a discharge is granted and such claim shall be paid in full with interest in deferred cash payments as follows:

1. Long Term Debts:

Name of Creditor	Total Amount of Debt	Amount of Regular Payment to be Paid (check box)	Regular Payments to Begin: Month/Year	Arrears to be Paid by Trustee	Months Included in Arrearage Amt.	Proposed Interest Rate on Arrearage	Proposed Fixed Payment on Arrearage
		by Trustee by Debtor					
		by Trustee by Debtor					

2. Secured Debts (not long term debts) to be paid through Trustee:

Name of Creditor	Adequate Protection Payments	Total Amount of Debt	Debtor's Value	Unsecured Portion	Description of Collateral	Proposed Interest Rate	Proposed Fixed Payment	Fixed Payment to Begin: (Month/Year)

III. Other debts (not shown in 1 or 2 above) which Debtor(s) proposes to pay direct:

Name of Creditor	Total Amount of Debt	Amount of Regular Payment	Description of Collateral	Reason for Direct Payment

IV. Special Provisions (check all applicable boxes):

This is an original plan.
This is an amended plan replacing plan dated _____.
This plan proposes to pay unsecured creditors _____.
Other provisions: _____

Name/Address/Telephone/Attorney for Debtor(s): _____ Dated: _____

Signature of Debtor

Signature of Debtor

Telephone #: _____